

PATENT
Atty. Dkt. No. ROC920010110US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 10 2005

In re Application of:

Braam et al.

Serial No.: 09/865,798

Confirmation No.: 5520

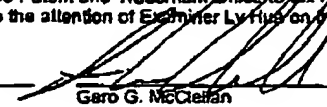
Filed: May 25, 2001

For: Physical Device Placement
Assistant

Group Art Unit: 2135

Examiner: Ly Hua

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF FAX 37 CFR 1.8	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office to fax number 703/872-9306 to the attention of Examiner Ly Hua on the date below:	
March 10, 2005	
Date	Gero G. McClellan

Dear Sir:

RESPONSE TO OFFICE ACTION DATED DECEMBER 20, 2004

In response to the Office Action dated December 20, 2004, having a shortened statutory period for response set to expire on March 20, 2005, please enter this response and reconsider the claims pending in the application for reasons discussed below. The Commissioner is hereby authorized to charge counsel's Deposit Account No. 09-0465 in the amount of \$850 for the addition of claims and for any other fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper. Remarks/Arguments begin on page 10 of this paper.

Page 1

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

9.865798

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	27	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	27 minus 20 =	7
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	126
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	836

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

3/10/05

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	• 32	Minus	• 27	= 5
	Independent	• 6	Minus	• 3	= 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	250
X40=		OR	X80=	600
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	850

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	•	Minus	•	=
	Independent	•	Minus	•	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	•	Minus	•	=
	Independent	•	Minus	•	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.